

## FORM D



SEC 1972 (6-02)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ige burden
hours per respo	nse16.00

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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  SRQ Contrarian Fund, L.P. Limited Partnership Interests	Nanya 9 5 access
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6)	ULOE WAR STAND 2005
Type of Filing: New Filing Amendment	The state of the s
A. BASIC IDENTIFICATION DATA	152 (50)
Enter the information requested about the issuer	
Name of Issuer (	
SRQ Contrarian Fund, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2000 Webber Street, Sarasota, Florida 34239	941-308-3486
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSE
Securities investment fund managed by general partner and designees.	
Type of Business Organization	APR 0 4 2005
☐ corporation ☐ limited partnership, already formed ☐ other (pl ☐ business trust ☐ limited partnership, to be formed	ease specify):
Month Year	THOMSON
Actual or Estimated Date of Incorporation or Organization: 01 05 X Actual Estim	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal:	•
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 177d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Scare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex- appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information re	•	•			
•		ssuer has been organized w	• • •		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pov	wer to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issue
<ul> <li>Each executive off</li> </ul>	icer and director	of corporate issuers and of	corporate general and mar	naging partners of p	partnership issuers; and
<ul> <li>Each general and r</li> </ul>	nanaging partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	▼ General and/or      Managing Partner
Full Name (Last name first, i	f individual)				
SRQ Managemen	t. L.P.				
Business or Residence Addre	<u>'</u>	Street, City, State, Zip Co	ode)		
2000 Webber Str	eet, Sarasota,	Florida 34239			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director GP's GP	General and/or Managing Partner
Full Name (Last name first, i	f individual)	·····			·
SRQ Holdings, L	LC				
Business or Residence Addre		Street, City, State, Zip Co	ode)		
2000 Webber St	reet, Sarasota	, Florida 34239			
Check Box(es) that Apply:	X Promoter	Beneficial Owner	Executive Officer	Director Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
SRQ Capital Ma	nagement, LL0	С			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	X Promoter	X Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)		- <del> </del>		
LaForge, John B	≣ (Ⅱ)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)		
2000 Webber St	treet, Sarasota	, Florida 34239			
Check Box(es) that Apply:	X Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				
Fletcher, Gary R					
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
2000 Webber St	reet, Sarasota	, Florida 34239			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				and the second Marian Phase and Archive and the second
Business or Residence Address	ss (Number and	Street, City, State, Zip Co	ode)		•
	(Use bla	nk sheet, or copy and use	additional copies of this sl	neet, as necessary)	

						SPORTAGE	nos agregi	រា (សមានិយ	100				
	TY	•	4 44				e e		.1.1 66			Yes	No
1.	Has the	e issuer son	a, or aces t							•			X
2	Answer also in Appendix, Column 2, if filing under ULOE.							¢ 1 0	*00,000				
2.	What is the minimum investment that will be accepted from any individual?* Subject to waiver.							Yes					
3.										No □			
4.	commis If a pers or state	ssion or sim son to be lis s, list the na	ilar remune sted is an as	eration for a sociated pe proker or d	solicitation erson or age ealer. If m	of purchas ent of a brol ore than fiv	ers in conn ker or deald e (5) perso	ection with or registered ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	lirectly, any the offering. with a state sons of such	;	
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)	****				<del></del>	
Nai	me of As	sociated Bi	roker or De	aler		,						-	
Sta	tes in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		<del></del>				
	(Check	"All States	s" or check	individua	States)							Al	ll States
	AL IL MT	AK IN NE	AZ IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	MS OR	ID MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	Name (	Last name	first, if ind	ividual)					·,				
Bus	iness or	Residence	Address (	Yumber an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of As	sociated Br	oker or De	aler									·
Stat	es in Wh	nich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)			•••••	************	************		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NI	NM	NY	NC	ND	OH	OK)	OR	PA
Full	RI Name (	SC Sc	SD first, if ind	[TN]	[TX]	[UT]	VT)	<u>[VA]</u>	WA	WV	[WI]	WY	PR]
	· (vaine (	Last Haille	inst, if ind										
Bus	iness or	Residence	Address (1	Vumber an	d Street, C	ity, State, 7	Zip Code)						
Nan	ne of As	sociated Br	oker or De	aler	-								
Stat	es in Wh	ich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	***************************************	····		•••••••	•••••	•••••	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	IL MT	NE)	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<b>l</b> .	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price	Aı	nount A Sold	•
	Debt\$		\$		
	Equity\$				
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)\$		\$		
	Partnership Interests		\$	200,00	00
	Other (Specify)\$		\$		
	Total		\$	200,00	00
	Answer also in Appendix, Column 3, if filing under ULOE.		_		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggre ollar A	mount
	Accredited Investors		€.	200,0	
	Non-accredited Investors	•	<b>₽</b> _		 )
	Total (for filings under Rule 504 only)		₽_ -		
	Answer also in Appendix, Column 4, if filing under ULOE.		⊅_		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security	L	ollar <i>A</i> Sold	
	Rule 505	•	\$		NA
	Regulation A		\$		NA
	Rule 504		\$		NA
	Total		\$		NA
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<b>*</b> _		<del>-</del>
	Transfer Agent's Fees		\$		
	Printing and Engraving Costs		\$	1,000	
	Legal Fees	🖂	\$_	3,000	)
	Accounting Fees		\$		
	Engineering Fees		\$		
	Sales Commissions (specify finders' fees separately)		\$		
	Other Expenses (identify) blue sky filing fees		\$_	3,000	)
	Total		-	7 000	١

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	and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>149</u>	9,993,000
ć	ndicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				
		Of Dire	nents to ficers, ctors, & iliates		lyments to Others
5	Salaries and fees	⊠ \$	<u>0</u> *	<b>S</b> _	0
F	Purchase of real estate[	] <b>\$</b>	0	\$_	0
	Purchase, rental or leasing and installation of machinery and equipment	<b>]</b> \$	0	\$_	00
(	Construction or leasing of plant buildings and facilities	_ ] \$	0	_ \$_	0
C	Acquisition of other businesses (including the value of securities involved in this iffering that may be used in exchange for the assets or securities of another ssuer pursuant to a merger)	\$	0	<b></b>	0
F	Repayment of indebtedness[		18,000	<b>S_</b>	0
1	Vorking capital[	\$	0	\$_	0
C	Other (specify): purchase of portfolio securities [	] \$	0	× \$_	149,975,000
-		] <b>\$</b> _	0	□ \$_	0
C	Column Totals		18,000		149,975,000
7	otal Payments Listed (column totals added)		<b>[3</b> \$	149,99	3,000
	and the control of th				
signat	suer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, u	on writter		
Issuer	(Print or Type) Signature	ate 2	24.05	~	
	RQ Contrarian Fund, L.P.	20	9.0-	<u> </u>	
Name	of Signer (Print or Type)  Title of Signer (Print or Type)				
	John E. LaForge II President of General Partner				<del></del>
	_				
	* The general partner and its assignees will receive a quarterly cash fee in an amount e				
	* The general partner and its assignees will receive a quarterly cash fee in an amount e aggregate of partner capital account balances and a quarterly incentive profit allocation of net profits subject to a high water mark. The Issuer will also reimburse the general	n equ	ial to up t		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)